

DEPARTMENT OF SOCIAL SERVICES

Notice of Proposed Medicaid State Plan Amendment (SPA)

Elimination of Home Health Add-On Payments (SPA 17-AD)

The State of Connecticut Department of Social Services (DSS) proposes to submit the following Medicaid State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) within the U.S. Department of Health and Human Services.

Changes to Medicaid State Plan

Effective on or after August 11, 2017, SPA 17-AD will amend Attachment 4.19-B of the Medicaid State Plan in order to remove the description of home health agency add-on fees in the Medicaid State Plan and also to revise the home health agency fee schedule accordingly to implement the removal of home health agency rate add-ons. All home health add-on fees will be eliminated, which includes the following specific procedure/revenue center codes: 421, 424, 431, 434, 441, 444, G0162, G0163, H0033, S9123, S1924, S5185, T1001, T1002, T1003, T1004, T1016, T1021, T1502, and T1502. In addition to other applicable authority, this SPA implements the elimination of the home health add-on fees in accordance with the Governor's Executive Order Resource Allocation Plan that implements Governor Malloy's Executive Order No. 58, which authorizes state expenditures for state fiscal year 2018 in the absence of an appropriations act enacted by the General Assembly.

Fiscal Impact

DSS estimates that this SPA will decrease annual aggregate Medicaid expenditures by approximately \$4.9 million in state fiscal year (SFY) 2018 and \$6.0 million in SFY 2019.

Compliance with Federal Access Regulations

In accordance with federal regulations at 42 C.F.R. §§ 447.203 and 447.204, DSS is required to ensure that there is sufficient access to Medicaid services, including services where payment rates are proposed to be reduced or where payment rates or methodologies are being restructured in a manner that may affect access to services. Those federal regulations also require DSS to have ongoing mechanisms for Medicaid members, providers, other stakeholders, and the public to provide DSS with feedback about access. In addition to other available procedures, anyone may send DSS comments about the potential impact of this SPA on access to home health services as part of the public comment process for this SPA. Contact information and the deadline for submitting public comments are listed below.

Obtaining SPA Language and Submitting Comments

This SPA is posted on the DSS web site at this link: <http://www.ct.gov/dss>. Go to "Publications" and then "Updates". The proposed SPA may also be obtained at any DSS field office or the Town of Vernon Social Services Department, or upon request from DSS (see below).

To request a copy of the SPA from DSS or to send comments about the SPA, please email: Public.Comment.DSS@ct.gov or write to: Department of Social Services, Medical Policy Unit, 55 Farmington Avenue, 9th Floor, Hartford, CT 06105 (Phone: 860-424-5067). Please reference “SPA17-AD – Elimination of Home Health Add-on Payments”.

Anyone may send DSS written comments about this SPA. Written comments must be received by DSS at the above contact information no later than August 10, 2017.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Connecticut

Home Health Services –

- (a) Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area are provided with limitations.
- (b) Home health aide services provided by a home health agency with limitations.
- (d) Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility are provided with limitations.

The fee schedule for licensed home health care agencies for service (a), (b), and (d) above can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Home health service rates were set as of August 11, 2017 and are effective for services on or after that date. Rates are the same for private and governmental providers and are published on the agency’s website. The Department may add or delete codes in order to remain compliant with HIPAA. In no case will the fee paid to an agency exceed the agency charge to the general public for similar services.

(c) Medical supplies, equipment and appliances suitable for use in the home – The current fee schedule was set as of March 1, 2017 and is effective for services provided on or after that date, except that codes may be deleted or added in order to remain compliant with HIPAA. The fee schedule can be accessed and downloaded by going to the Connecticut Medical Assistance Program website: www.ctdssmap.com. From this web page, go to “Provider,” then to “Provider Fee Schedule Download.” Over-the-counter products provided by pharmacies are reimbursed at Average Wholesale Price (AWP). All governmental and private providers are reimbursed according to the same fee schedule.

Private duty nursing services – Not provided.

TN # 17-AD
Supersedes
TN # 17-0014

Approval Date _____

Effective Date 08/11/2017